

215037214
60064

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 193	Agency Case No. B5-084194	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/11/2015		TIME OF ACCIDENT 1645	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1652	09/14/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 4100 N 84 Easternmost Concrete Driveway			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	7.00			X	W side of E Driveway	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13787229		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/N	DRIVER	TERBA'AI A ACIN		PHONE	402-875-0092	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/23/2000	
G	OWNER	Andrea A Acin		PHONE	402-875-0092	
4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO. LB482612	
H	LICENSE PLATE	PA	No Plates	YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V1/O	VEHICLE	1992	Honda	MODEL	Accord	BODY STYLE 4 door Sedan
4	VEHICLE ID NO. (VIN)	1HGCB7670NA022782		COLOR	green	
V2/O	TOWED TO	101 W Charleston		TOWED BY	Capital Towing	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P	DRIVER			PHONE		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER			PHONE		
01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)	1HGCB7670NA022782		INSURANCE COMPANY	Progressive	
10	TOWED TO			TOWED BY	Capital Towing	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

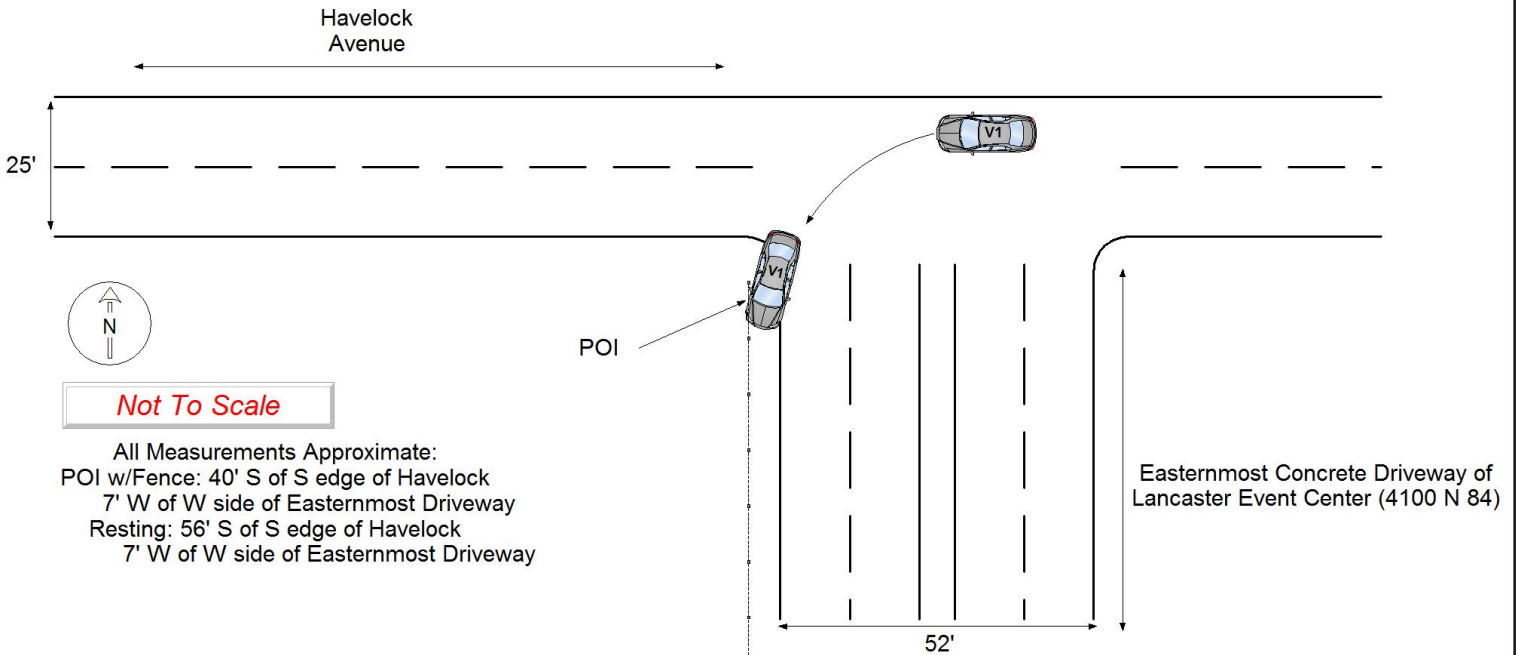
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084194



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was WB on Havelock Ave and was attempting to turn left into the easternmost concrete driveway of the Lancaster Event Center. D1 believed he was going approximately 15mph when he says the vehicle lost power preventing him from steering or braking. The vehicle collided with the western fenceline along the private drive. D1 was not on location when ofcs arrived but returned after ofcs had the vehicle removed from the scene. D1 was cited for negligent driving, leaving the scene of an accident, and a violation of learner's permit restrictions. Report by N. Wagner #1760.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Fenceline Damaged	Lancaster Event Center	4100 N 84, Lincoln, NE 68507	402-441-6545	\$ 2000
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME								
1				X	Havelock Avenue				1		1		
2									2		2		
1	06				06 Turning left				1		1		
2					08 Entering traffic lane				2		2		
				01 Essentially straight ahead				02 Deployed - front		1		1	
				02 Backing				2 Deployed - side		2		2	
				03 Changing lanes				3 Deployed - both front/side		3		3	
				04 Overtaking/ Passing				4 Not deployed		4		4	
				05 Turning right				5 Not applicable/ No airbag available		5		5	
				06 Leaving traffic lane				6 Unknown		6		6	
				07 Making U-turn						7		7	
				08 Entering traffic lane						8		8	
				09 Leaving traffic lane						9		9	
				10 Parked						10		10	
				11 Slowing or stopped in traffic						11		11	
				12 Other						12		12	
				13 Unknown						13		13	

OFFICER NO. 1704	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Angela Morehouse		INVESTIGATOR SIGNATURE Approved by Officer Angela Morehouse	DATE OF REPORT 09/14/2015